

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 595 421**

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------------|------------------------------------|------------|------------------------------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | 27 | ← | | ← | | ← |
| TOTAL CLAIMS | 37 | [REDACTED] | | [REDACTED] | | [REDACTED] |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | ↓ | | ↓ | |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | [REDACTED] | | [REDACTED] | | [REDACTED] |